"Mental Health Solutions and Resources for Long Term Living"

Texas Silver-Haired Legislature

WHCoA Solutions Forum

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Introduction

In 2001, the World Health Organization identified mental illnesses as the leading cause of disability worldwide (Slide 1). As this bar graph illustrates, when compared with other diseases (such as cancer and heart disease), mental illnesses rank first in terms of causing disability in the United States, Canada, and Western Europe. When combined with alcohol and substance use disorders, this graph shows that 37% of all "healthy years lost to disability" are due to behavioral health disorders.

An estimated 22% of the aging population experience mental problems that are not part of normal aging. The most common problems are panic or anxiety disorders such as phobias and obsessive-compulsive disorder, followed closely by mood disorders such as depression, and, finally, severe cognitive impairment, including disease and other related dementias.

Nevertheless, s*tigma* remains the primary barrier to obtaining adequate mental health treatment. Many older adults do not identify their problems as a mental health issue and seek medical attention for a physical problem. In fact, an estimated 70% of all primary care visits are driven by psychological factors. Significantly, many older adults who commit suicide have visited a primary care physician in the weeks before the act: *20% on the same day*, 40% within a week, and 70% within a month. Clearly, primary care physicians are often considered the mental health gatekeepers for the estimated 85% of older people who visit their offices at least once a year. However, research supports that these trusted primary care providers often feel under prepared to meet these increasing complex needs.

Out of the 53,566 physicians licensed in the State of Texas, 28% are Family, General, and Internal Medicine Practitioners; whereas only 4% are licensed mental health practitioners (Slide 2). *Disturbingly*, there are only *56* licensed physicians that specialize in Geriatrics - less than 1% of all licensed physicians. When we compare this data with the growth projections for the aging population, the ratios are dismal. During the year 2000, there were an estimated 2,072,532 adults age 65 and older in Texas. *This means that there were 884 older adults for every licensed mental health physician.* In contrast, *there were 140 older adults for every primary care physician*.

In Texas, the behavioral healthcare system is committed to meeting these disparities. Evidenced-based, best practices such as the Texas Medication Algorithm Project (TMAP) and the Assertive Community Treatment model has improved quality of care for older adults and achieves the best possible patient outcomes for each resource dollar expended.

Still, there is more to be done. Shifting from a fragmented, restricted system of care to a comprehensive, integrated, and consumer-driven system of care will require careful planning, coordination, collaboration, and strength of political will for consumers and providers alike. To help achieve this change, Texas is committed in developing an evidence-based, *behavioral health* screening, assessment, and treatment initiative for older adults that are seen in primary care. This "real-world" initiative incorporates findings from the 1999 Surgeon General Report, and the goals of the President's New Freedom Commission by: 1) improving access and continuity of services, 2) improving quality of services, and 3) increasing workforce capacity.

Vision (Slide 3)

We envision a future when Aging Americans with a mental illness will have easy access to services and best practices that would lead to recovery, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected and treated early by the older American's primary care provider - a future when older Americans can live, work, learn, and participate fully in their community without stigma (Adapted from the report of the President's New Freedom Commission on Mental Health, 2003).

Recommended Resolution (Slide 3)

The President's New Freedom Commission on Mental Health's goals and recommendations and the recently released: "Transforming Mental Health Care in America - The Federal Action Agenda: First Steps" provides the framework for addressing the special considerations of Aging Americans. We feel strongly that this action agenda, collaboratively supported by 20 Federal agencies, is the vehicle for transforming the mental health system that takes into consideration the social, biological, developmental, and special needs older Americans.

The reason for this resolution is simple. Aging Americans with mental disorders play a vital role in our families, our neighborhoods, and our communities.

1) Improving Access and Continuity (Slide 4)

a) Support Outreach and Integrated Services

Ask CMS to revise policy and payment to support integrated, comprehensive mental health services in the full range of home and community-based settings where older persons seek services or reside.

Support reform of payment policies to support integrated collaborative care models in the full range of settings where older persons seek services or reside, including primary care, long-term care, and senior service programs.

Support reform of reimbursement policy to support outreach programs that identify and serve older adults in home and community-based settings.

b) Coordinate Services

Ask CMS, AoA, and other relevant Federal agencies to develop mechanisms to coordinate services and to blend funding across aging network, mental health, general health, and long-term care sectors.

Ask CMS to support care management and care plan oversight for community-based services for older persons to include coordination of providers and systems delivering mental health, medical, social, and long-term care services.

Support development of mechanisms to coordinate resources and community-based services across different service providers, agencies, and payers delivering mental health, medical, social, and long-term care services to older persons with mental disorders.

Provide payment mechanisms for care plan oversight, care management, and other case management models that coordinate home and community-based care of mental illness.

c) Provide Medicare Co-payment, Prescription Coverage, and Payments

Urge congressional action to repeal discriminatory 50 percent co-payments under Medicare for psychological services and enact a Medicare prescription drug benefit ensuring access to psychiatric medications that are safe and effective for older persons.

Address payment rates for Medicare services that result in providers declining to re-enroll as a provider to Medicare beneficiaries.

Support the removal of differences in coverage of mental health and medical disorders.

Support prescription drug coverage under Medicare.

Address the decline in providers who accept and enroll in the Medicare program.

d) Address Stigma and Cultural Sensitivity

Initiate and support a public education campaign under HHS, AoA, and other appropriate agencies to address stigma and educate consumers, family members, providers, and the public on the identification and promise of effective treatments for mental health problems in older persons.

Support the delivery of culturally sensitive and age-appropriate mental health services for older persons.

Support the decrease of stigma associated with mental illness in older persons.

Support the promise of cultural competence in the provision of mental health services to older persons.

e) Recommendation: Provide Screening and Focus on Prevention

Designate prevention of depression, suicide, substance abuse, and medication misuse in older persons as priority areas for preventive programs and research under appropriate Federal agencies.

Designate prevention of mental disorders in older persons as a public health priority.

Increase routine screening of mental disorders for older persons in routine service delivery settings and provide linkage to timely and effective treatment interventions.

2) Improving Quality (Slide 5)

a) Implement Evidence-Based Practices

Support the broadening of the current national initiative for dissemination and implementation of evidence-based practices to include an initiative specific to geriatric mental health care.

Support a national campaign to disseminate evidence-based geriatric mental health practices.

Ask Federal agencies and states to mandate the incorporation of evidence-based mental health services in aging networks, long-term care, primary care and other settings where older adults receive services.

b) Support Mental Health and Aging Research

Support increased funding to NIMH and designate research support infrastructure dedicated to mental health and aging.

Support the development of infrastructure supporting research on mental illness in older adults.

Support the enhancement of research funding dedicated to mental illness in older adults.

Support training mechanisms to address the shortfall of investigators in aging and mental health.

Encourage and support research priorities aimed at improving treatment for older persons in state and public mental health systems.

c) Promote Wellness and Recovery

Support design of services to incorporate the preferences of consumers in shaping the goals of mental health treatment.

Encourage the development of services that focus on personal recovery.

Support a national movement toward wellness and healthy aging.

3) Developing a Trained Workforce and Caregiver Capacity (Slide 6)

a) Develop Workforce Capacity with Training in Geriatrics

Ask HHS, HRSA, state mental health authorities, and other entities to support an initiative to develop a workforce with specialized skills in providing services to older persons with mental disorders, including psychiatrists, psychologists, nurses, social workers, and frontline service providers.

Support the conduct a national study to evaluate future workforce needs and develop approaches to address the shortfall in providers with geriatric training.

Support the provision of incentives and support for training a workforce of geriatric mental health providers, including loan repayment programs, increased authorization of graduate medical education (GME) payments, and expanded required training in geriatrics.

Support the increase the number of service personnel with training in geriatrics and in geriatric mental health services.

b) Enhance Caregiver and Peer Support Programs, Enhance family-caregiver and peer support services.

Ask services to include a focus on the mental health of family caregivers.

Support the enhancement of educational programs for family members and caregivers.

Support the provision of enhanced services to family caregivers.

Support the targeting of caregiver support programs at individuals with high-risk for negative outcomes.

Support the development and increase the number of peer support programs.